

MARKETPLACE ASSISTER TOOLKIT

Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces

SOP 5—APPLY FOR HEALTH COVERAGE





Table of Contents

SOP 5—APPLY FOR HEALTH COVERAGE..... 1

- A. Introduction 1
- B. Procedures 1
 - 1. Complete Application 1
 - 2. Submit Supporting Documents..... 11
- C. Next Steps 15
- Appendix A: Frequently Asked Questions (FAQs) 16
- Appendix B: Support Resources 18

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List of Exhibits

Exhibit 1 – Information Collected on the Eligibility Application (if Applying for Financial Assistance).....	3
Exhibit 2 – HealthCare.gov Application Prepare to Apply Screenshot	5
Exhibit 3 – HealthCare.gov Application: Tax Relationships Screenshot	6
Exhibit 4 – HealthCare.gov Application: Monthly Income Screenshot	6
Exhibit 5 – HealthCare.gov Application: Current Coverage Screenshot.....	7
Exhibit 6 – HealthCare.gov Application: Sign & Submit Screenshot	8
Exhibit 7 – HealthCare.gov Application: Eligibility Results Screenshot	9
Exhibit 8 – HealthCare.gov Application: Enrollment To-Do List Screenshot	10
Exhibit 9 – HealthCare.gov Application: Application Details Page Screenshot	12
Exhibit 10 – HealthCare.gov Application: Upload Documents Screenshot	13
Exhibit 11 – HealthCare.gov Application: Eligibility Notice Barcode Page Screenshot	14
Exhibit 12 – External Resources	18

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SOP 5—Apply for Health Coverage

A. Introduction

As an assister, you can help consumers apply for health coverage through the Marketplace. When consumers submit an eligibility application, the Marketplace will consider their eligibility for a number of things, including if they are eligible for a Special Enrollment Period (SEP) to enroll in coverage outside of Open Enrollment (OE). If consumers apply for help paying for coverage, the Marketplace will check whether they are eligible for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) as well as coverage through Medicaid and the Children's Health Insurance Program (CHIP). Consumers can apply to purchase a qualified health plan (QHP) with or without APTC and CSRs. Standard Operating Procedure (SOP) 5 provides guidance on how to assist consumers as they complete an individual Marketplace application.

Encourage consumers to use the online application at HealthCare.gov to receive their eligibility determination faster.

B. Procedures

1. Complete Application

1.1 Complete Online Application

Step 1. Ask consumers if they have a HealthCare.gov account.

- a. If consumers do not yet have a HealthCare.gov account, refer to [SOP 3—Create an Account](#) to assist consumers with account creation. Check to be sure consumers have completed their identity verification, explained in [SOP 4—Verify Identity and Resolve Potential Data Matching Issues](#).
- b. If consumers have a HealthCare.gov account and have verified their identity, proceed to Step 2.

Step 2. Help consumers log into their account to determine if they have previously started their Marketplace application.

- a. If consumers have previously started and saved a Marketplace application for the coverage year, they should continue their in-progress application. Ensure that consumers complete all required fields accurately.
- b. If consumers previously submitted a Marketplace application for the coverage year but need to make changes, they should select their submitted application and report the change and then review their information. If consumers have submitted an application for a previous coverage year, they should start a new application for the year they want coverage. The Marketplace will pre-populate as much information as possible from their previous application.
- c. If consumers do not have an existing Marketplace application, assist them with starting a new application.

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- Step 3.** Guide consumers through the application process by following the application prompts to gather consumers' responses for each section of the application.

Exhibit 1 describes the information collected in each section of the eligibility application. The steps following Exhibit 1 describe the application flow during which consumers will enter their responses for each section.



Exhibit 1 – Information Collected on the Eligibility Application (if Applying for Financial Assistance)

Section	Information collected
Get Started	<ul style="list-style-type: none"> <p>Marital Status—Applicants must disclose if they are legally married. Generally, married couples must file a joint federal income tax return to qualify for APTC and CSRs. However, under § 1.36B-2(b)(2) of the Income Tax Regulations, married individuals who use Head of Household federal income tax return filing status and those who live apart from their spouse when filing their federal income tax returns and are unable to file a joint return because they are victims of domestic abuse or spousal abandonment do not have to file a joint return to claim a premium tax credit (PTC), if otherwise eligible for the PTC.*</p> <p>If a couple for whom APTC is paid expects to divorce during the calendar year, the couple should plan to indicate how they will file their federal income tax return, either jointly or separately. The couple should update their eligibility application after they are divorced to be reassessed for APTC eligibility.</p> <p>Note: If a consumer is legally married but lives separately from their spouse for at least six months of the year of coverage, and for more than half of that year lives with a tax dependent in a home that the consumer pays more than half of the cost of, the consumer may be eligible to file as Head of Household and won't have to file as Married Filing Separately for purposes of eligibility for APTC and PTC.</p> <p>Number of Dependents—Applicants must disclose the number of dependents they will claim on their federal income tax return for the coverage year.</p> <p>Income Range—Applicants may disclose their household income range, which will help determine whether they may be eligible for help paying for coverage.</p> <p>Help Paying for Coverage—Applicants must indicate whether they are interested in getting help paying for coverage through the Marketplace. If they are not interested in getting help paying for coverage, they will not be asked for any additional income information during the application process.</p> <p>Applicant Information</p> <ul style="list-style-type: none"> ○ Name ○ Home, mailing, and email addresses ○ Phone number ○ Preferred spoken and written language ○ Preferred method of communication (e.g., electronic or paper notices) ○ Sex ○ Date of birth ○ Race and ethnicity (optional) <p>Help Applying for Coverage—Applicants should indicate whether they are receiving help from an assister or agent or broker. They will then enter the assister's ID number or the agent or broker's National Producer Number (NPN).</p> <p>Who Needs Coverage—Add the people in the household who need health coverage. When updating the application later, this section will allow applicants to remove people from their household or to switch someone from an applicant to a non-applicant if they no longer need coverage.</p>

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Section	Information collected
Family & Household Information	<ul style="list-style-type: none"> • The following information will generally be requested for every person applying for coverage with financial subsidies. If there are other members of the applicant's household who are not applying for coverage, the Marketplace may ask additional questions about those other household members, including: <ul style="list-style-type: none"> ○ Sex ○ Date of birth ○ Social Security Number (SSN) (optional) ○ Citizenship and immigration status ○ Plans to file a federal income tax return ○ Marital status ○ Dependents ○ Race and ethnicity (optional) ○ Addresses and information about additional family members • Additional Questions—The series of additional questions helps applicants determine whether they may have special circumstances that may qualify them for Medicaid. Specifically, they can indicate whether they have a physical disability or mental health condition that limits their ability to function on a daily basis and whether they need help with daily activities or live in a medical facility or nursing home. <p>In addition, a series of questions ask about whether the consumers have recently been denied Medicaid or CHIP coverage by the state agency or recently had Medicaid or CHIP coverage that ended. This information can help prevent a consumer's application from being sent back to the state agency when the state has already determined that the applicant is not eligible for Medicaid and CHIP.</p> <p>Finally, if a consumer appears eligible for Medicaid or CHIP, the application may ask additional questions to help determine the consumer's eligibility for those programs.</p>
Income Information	<ul style="list-style-type: none"> • When applying for help paying for coverage, applicants must enter information about their current monthly income and projected annual income for the coverage year (e.g., job-based income, Social Security benefits, unemployment, and investment income) for everyone in the household, even if some household members are not applying for coverage. • Make sure that consumers are very explicit about their expected household income and how it should be reflected in the application. Consumers will enter their monthly income into the application, and you need to ensure that it is entered correctly. If the consumer needs help estimating their annual income, they can use the Income Calculator at HealthCare.gov/income-calculator.
Additional Information	<ul style="list-style-type: none"> • Current Health Coverage Information—When applying for help paying for coverage, applicants must indicate whether they are enrolled in or eligible for certain other coverage, including health care benefits through a job, such as traditional employer-sponsored coverage or a health reimbursement arrangement (including an Individual Coverage Health Reimbursement Arrangement), and if so, they must enter information about the existing coverage. • Special Enrollment Period Eligibility—Additional questions are included to determine whether applicants may be eligible to enroll in a Marketplace plan outside of OE.

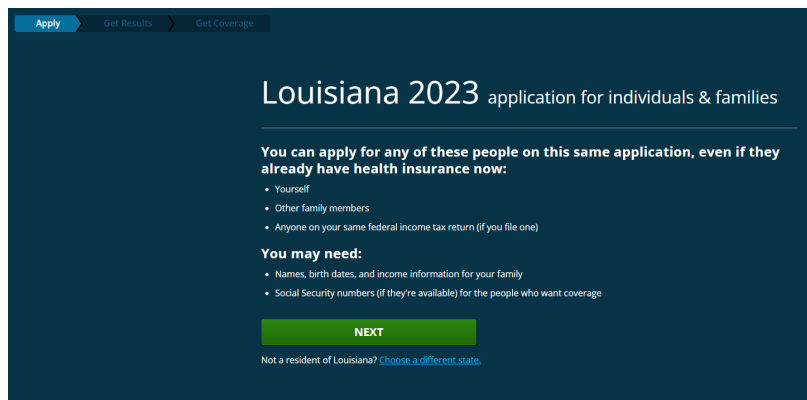
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*Refer to [Eligibility for Premium Tax Credit for Victims of Domestic Abuse](#) or the [Internal Revenue Service Instructions for Form 8962](#) for more information.

- a. “Get Started” section: Help consumers start the application process by selecting the **Next** button shown in Exhibit 2. The consumer will then proceed through multiple screens to answer a series of questions checking for cost savings, basic contact details, and who needs coverage, as described in Exhibit 1.

Exhibit 2 – HealthCare.gov Application Prepare to Apply Screenshot



- b. “Family & Household Information” section: Assist consumers with entering information about their family and household, such as their contact information and preferences, preferred language, who needs coverage, marital status, tax relationships, and citizenship and immigration status on the application. Exhibit 3 is an example of one of the “Household Information” questions asking about tax relationships.



Exhibit 3 – HealthCare.gov Application: Tax Relationships Screenshot

HealthCare.gov Susan Menu

← Back | 1 Set up - 2 Household - 3 Coverage & changes - 4 Review & submit

Tax relationships

Now, tell us about the household's federal income tax returns. We'll use this information to see who's eligible for savings, like premium tax credits.

Susan's tax relationships

Will Susan file a 2023 federal income tax return?
[Learn more about tax filing.](#)

Yes
 No

Will Susan claim any dependents on their 2023 federal tax return?
[Learn more about dependents.](#)

Yes
 No

Will someone else claim Susan as a dependent on their 2023 federal tax return?

Yes
 No

[Save & continue](#)

- c. "Income Information" section: Assist consumers with entering the information collected on the income section of the application if they are applying for help paying for coverage. Exhibit 4 shows the first screen of the "Income Information" section.

Exhibit 4 – HealthCare.gov Application: Monthly Income Screenshot

HealthCare.gov Susan Menu

← Back | 1 Set up - 2 Household - 3 Coverage & changes - 4 Review & submit

Susan's income for this month (March 2023)

Enter each type of income Susan gets this month. If Susan won't get income this month, but gets it during other months in 2023, report that on the next page.

Make sure income information is accurate
The income information below was filled in from Susan's previous application. If income has changed, make sure to update it.

Add income for March **\$0.00**

[Learn more about types of income to include.](#)

[Add income](#)

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- d. “Additional Information” section: Assist consumers with entering information about their current coverage status, shown in Exhibit 5, and answering questions to determine whether they are eligible for an SEP, if applicable.

Exhibit 5 – HealthCare.gov Application: Current Coverage Screenshot

HealthCare.gov Susan Menu

[← Back](#) | [1](#) Set up - [2](#) Household - **[3](#) Coverage & changes** - [4](#) Review & submit

Current coverage

Is Susan currently enrolled in health coverage?
Select "Yes" only if they'll have their coverage on or after 6/19/2023.

Yes
 No

[Save & continue](#)

Application ID: 4387943874

Note: Inform consumers that they can save and resume their eligibility application at a later date during OE or an SEP by logging into their account again prior to submission. When consumers are ready to submit their eligibility application, proceed to Step 4.

- Step 4.** Explain to consumers that they should review their application answers, verify accuracy of information provided, electronically sign, and submit the application. Before submitting their applications, consumers can review and edit any information provided on the application on the “Review your application” page.
- a. Inform consumers that they must attest to the accuracy of the information provided on their applications before submission. On the “Sign & submit” page, consumers will read a series of statements and confirm that they have read and understood each statement.
 - b. Remind consumers that they must input their electronic signatures before selecting the **Sign & submit** button to submit their eligibility application. Exhibit 6 provides an example of the screen displayed when it is time for consumers to electronically sign and submit their application.



Exhibit 6 – HealthCare.gov Application: Sign & Submit Screenshot

HealthCare.gov Susan Menu

[← Back](#) | [1 Set up](#) - [2 Household](#) - [3 Coverage & changes](#) - **[4 Review & submit](#)**

Sign & submit

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

I agree to this statement.

Susan Kimberly Griffith, type your full name below to sign electronically.

[Sign & submit](#)

Application ID: 4388461824

- Step 5.** If consumers receive an immediate eligibility determination, proceed to [SOP 6—Review Eligibility Results](#) to help consumers review their eligibility notice in their online account. Exhibit 7 provides an example of the “Eligibility Results” screen.
- Explain to consumers that the eligibility notice will notify them if they need to submit supporting documents or perform additional activities to complete the application process.
 - If consumers are asked to submit supporting documents and have the necessary supporting documents with them, assist them with scanning and uploading the documents. Be sure to return all original documents to consumers and to delete or erase all electronic copies of consumers’ documents from all of your electronic devices (e.g., printers, scanners).
 - If consumers do not have the supporting documents with them, but they need to submit supporting documents, explain their options to provide the documents within the specified timeframe, which include:
 - Scanning and uploading documents from home;
 - Returning to the assister’s office with the supporting documents to scan and upload them with the assister’s help; or
 - Mailing copies of the documents to the Marketplace.



Exhibit 7 – HealthCare.gov Application: Eligibility Results Screenshot

Your application was received and has been processed.

Eligibility results

Results based on your application (ID 4387658854) submitted on 03/09/2023. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

Susan Griffith	Eligible	To buy a Marketplace plan For a premium tax credit of up to \$456 each month for your tax household For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans Your eligibility is temporary: By June 7, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.
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Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

You're eligible for a Special Enrollment Period, but we need information. Submit documents as soon as possible to confirm a loss of coverage. You'll pick a plan now, and your coverage will start once your documents are approved. See your eligibility notice for details and deadlines.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Continue to enrollment

You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can choose a plan (or keep the same plan, if you have one and it's available) and enroll.

You must pick a plan by April 2 to enroll through this Special Enrollment Period.

[CONTINUE TO ENROLLMENT](#)

You'll need to submit documents. If you're ready, you can [upload them now](#). But, if you'd rather upload documents later, select "Continue to Enrollment" now.

Step 6. After consumers review their eligibility results and select the **Continue to Enrollment** button, the "Enrollment To-Do list" will appear, as shown in Exhibit 8.

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Exhibit 8 – HealthCare.gov Application: Enrollment To-Do List Screenshot

1 Decide how much tax credit to use to lower your premium Start

2 Report tobacco use

3 See if plans cover your doctors, hospitals & prescription drugs
Enter your doctors and hospitals to see if they're in the plan's network, and drugs to see which plans cover them.

4 Choose health plans
Shop, compare, and choose health plans.

5 Review dental enrollment
Choose who should enroll in a separate dental plan.

6 Confirm your plan choices & enroll
Check your choices one final time, sign the application, and finish your enrollment.

Optional: Get an estimate of your total yearly costs Start
See how premiums and other costs add up for each plan.

1.2 Complete Paper Application

To assist consumers with paper applications, complete the following steps.

Step 1. Determine if consumers have previously started a paper application.

If consumers have previously started their paper application, proceed to the section they need assistance with. You may encourage consumers to manually input the information on their paper application into an online application at HealthCare.gov to receive their eligibility determination faster and help ensure enrollment in the most timely and efficient manner.

- a. If consumers do not have an existing paper application, encourage them to complete an online application.
- b. If consumers would still like to complete a paper application, follow the format provided. Pre-printed eligibility applications may be useful to expedite the assistance process.

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Step 2. Once the consumer has reviewed plan options and selected a Marketplace plan, they are ready to submit their application. Provide consumers with the mailing address to submit the application. Consumers should mail applications to:

Health Insurance Marketplace®¹
Dept. of Health and Human Services
465 Industrial Blvd.
London, KY 40750-0001

2. Submit Supporting Documents

The Marketplace reviews consumers' application information and verifies that the information they entered is correct using a service called the Federal Data Services Hub ("the Hub"). The Hub connects the Marketplace with federal agencies, such as the Social Security Administration (SSA), Internal Revenue Service (IRS), Department of Homeland Security (DHS), and certain other trusted data sources. The Marketplace compares consumers' application information against their information through the Hub to verify its accuracy.

Data matching issues (DMIs, or inconsistencies) may occur when the information from the Hub's trusted data sources do not match the information the consumer attested to on the Marketplace application. The most common types of DMIs are income, citizenship, and immigration. For example, a consumer may have a DMI if the consumer has a recent change in income due to switching jobs. In this case, the consumer could receive a notice from the Marketplace asking for documents to prove their income. Additionally, a consumer may need to submit documents to resolve an SEP verification issue to prove eligibility for a loss of qualifying coverage SEP.

If the Hub cannot confirm the consumers' application information, the consumer will receive a notice from the Marketplace notifying them that they need to verify the information in their application. The notice will specify the timeframe to provide the documents. The supporting documents will help the Marketplace verify the application information and make a final eligibility determination. If consumers seem to be eligible for Medicaid or CHIP based on their application information and experienced a DMI due to citizenship, immigration status, income, or residency, consumers will receive a notice informing them that they may be eligible for Medicaid or CHIP and that their application was sent to the state Medicaid agency. The state Medicaid agency will then contact them if they need further information to determine the consumer's eligibility.

To assist consumers with uploading or mailing supporting documents to resolve DMIs or SEP verification issues preventing them from remaining eligible for or enrolling in a Marketplace plan and/or financial assistance, complete the following steps.

Step 1. If consumers receive a notice instructing them to send the Marketplace more information, explain to consumers why they may have received this notice and the process that the Marketplace uses to verify consumers' application information.

Step 2. If consumers wish to scan and upload the requested documents to HealthCare.gov, complete the following steps. If consumers wish to mail copies of the requested documents, proceed to Step 3.

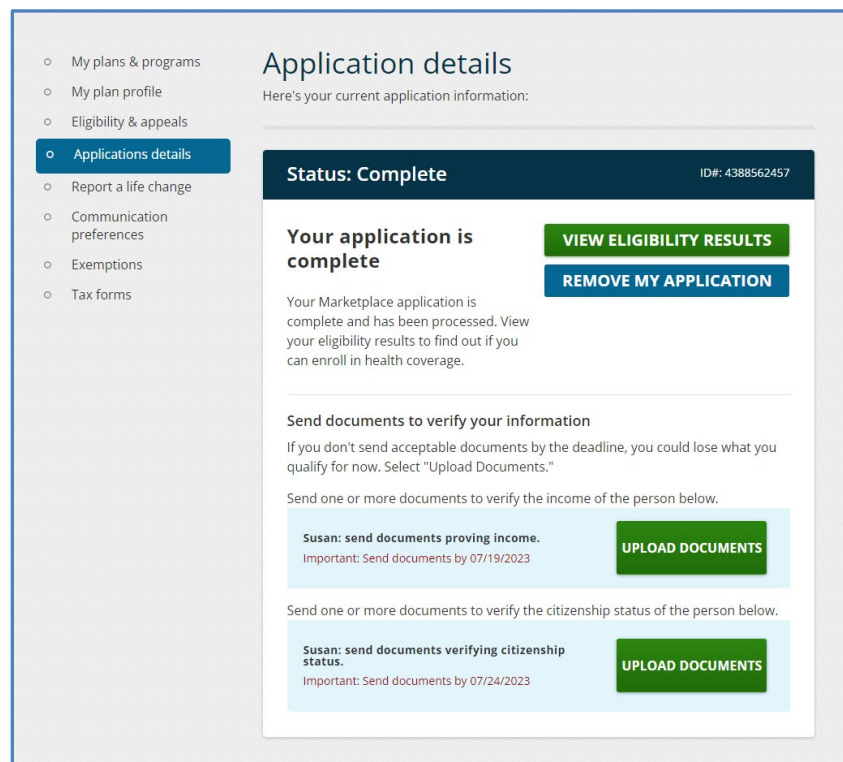
¹ Health Insurance Marketplace® is a registered trademark of the U.S. Department of Health and Human Services.



SOP 5—Apply for Health Coverage

- a. Help consumers review their eligibility notice to determine what type(s) of supporting documents they need.
- b. Assist consumers with logging into their account at HealthCare.gov.
- c. Instruct consumers to navigate to the “My applications & coverage” page, then select the relevant application.
- d. Help consumers navigate to the “Application details” page where they should select the **Upload Documents** button for each application DMI, as shown in Exhibit 9.

Exhibit 9 – HealthCare.gov Application: Application Details Page Screenshot



- e. Assist consumers with selecting the appropriate document type and uploading a scanned image of the document to HealthCare.gov, as shown in Exhibit 10. The document must be a .pdf, .jpeg, .jpg, .gif, .xml, .png, .tiff, or .bmp and cannot be bigger than 10 MB.

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Exhibit 10 – HealthCare.gov Application: Upload Documents Screenshot

Upload documents

You need to send the Marketplace more information to either prove you're eligible for a Special Enrollment Period or resolve a data matching issue. You can upload documents here.

Use "Expand" and "Collapse" for each item to see a list of documents and upload files.

Verify Susan's income [Collapse -](#)

Susan - You need to send proof of your yearly income. Send one or more documents.

These documents must contain first and last name, income amount, year, and other information. Here are some examples of documents you can send:

- 1040 tax return (federal or state)
- Wages and tax statement (W2 and/or 1099s, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT)
- Pay stub documentation
- Self-employment documentation
- Social Security statements
- Unemployment benefits letter
- Other

[Get more information on these documents and see a full list of documents you can send.](#)

You can upload more than one document.

Document type:

SELECT FILE TO UPLOAD

- f. If a red box error message appears, make sure the consumer uploaded the right type of document (e.g., a PDF as opposed to an Excel file).

Step 3. If consumers wish to mail copies of the requested documents to the Marketplace, complete the following steps.

- Help consumers review their eligibility notice to determine which type(s) of supporting documents are needed. Consumers may need to submit more than one document for each DMI.
- Assist consumers with making copies of all supporting documents. Consumers should retain originals of any documents sent to the Marketplace.

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SOP 5—Apply for Health Coverage

- c. Advise consumers to include the barcode page from their eligibility notice (shown in Exhibit 11) in the envelope when they mail the copies of their supporting documents to the Marketplace. If consumers do not have the page with the barcode, they should write the application ID number of the consumer who has the DMI as well as the consumer's date of birth and SSN (if applicable) on the copies of supporting documents.

Exhibit 11 – HealthCare.gov Application: Eligibility Notice Barcode Page Screenshot

Health Insurance Marketplace

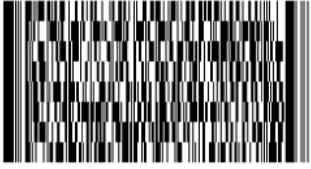
More About

Submitting Documents

<p>Why did the Marketplace ask me to submit documents?</p>	<p>If your application tells you to submit documents, it means the Marketplace needs documentation to confirm your income, citizenship, life event, or other details. This could be because your information doesn't match other data we have, or we can't confirm all of the information in your application. If you don't submit the documents we ask for, you may lose your eligibility for Marketplace coverage or financial help.</p>
<p>How to submit documents</p>	<p>You can upload OR mail copies of your documents. Uploading is faster.</p> <p>How to upload:</p> <ol style="list-style-type: none"> 1. Log into your Marketplace account, then select "Continue." 2. Select your current application, and click on "Application details." 3. You'll see a button for each item that needs documentation. 4. Select the button, then choose a document to start your upload. <p>How to mail:</p> <ol style="list-style-type: none"> 1. Send copies only (not originals). 2. Include your printed bar code. If you don't have a bar code, include your printed name and the application ID. Your application ID is near your mailing address at the top of your notice. 3. Mail the document(s) to: Health Insurance Marketplace Attn: Coverage Processing 465 Industrial Boulevard London, KY 40750-0001
<p>What documents to submit</p>	<p>See the lists on the next pages for specific documents to submit. You can upload more than one document if you have multiple documents to confirm your information.</p>
<p>What happens after I submit documents?</p>	<p>After we get the documents you submitted, we will:</p> <ul style="list-style-type: none"> • Match your documents with your application • Review each document to decide if it confirms what we need • Contact you if we need more information <p>If you haven't heard from us in a month, your issues may still be under review, or we may not have received the documents. If you want to check if we've received your documents, contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).</p>

If you mail documents to the Marketplace, include this Bar Code page in the envelope so we can link your documents to your application.

Application ID # XXXXXXXXXXXX
 Application date: [Date]
 Primary contact
 [[Name]
 [Address]
 [City, State, ZIP]



- d. Instruct consumers to mail copies of their supporting documents to:

Health Insurance Marketplace®
 Attn: Coverage Processing
 465 Industrial Blvd.
 London, KY 40750-0001

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C. Next Steps

1. If consumers are not ready to submit their eligibility application, explain that they may save their online application to their account and resume the application at a later time.
2. Most consumers will receive an immediate eligibility determination specifying whether they are eligible to enroll in a Marketplace plan and whether they qualified for financial assistance. Proceed to [SOP 6—Review Eligibility Results](#) and [SOP 8—Compare, Save, & Select Health Plans](#). If consumers need more information about an SEP, proceed to [SOP 13—Update a Marketplace Account](#).
3. For more help answering consumers' specific questions, refer to [Appendix A: Frequently Asked Questions \(FAQs\)](#).



Appendix A: Frequently Asked Questions (FAQs)

- FAQ 1. Do I have to enter my Social Security Number to apply for health coverage through the individual Marketplace?
- Answer: If you have a Social Security Number, or SSN, and are applying for health coverage for yourself, you must provide your SSN. If you do not have an SSN or are not applying for coverage for yourself, you are not required to enter one unless you are the tax filer whose federal income tax return information is used to determine eligibility for an applicant. However, even if you are not applying for coverage for yourself or are not the tax filer, entering your SSN may allow the Marketplace to more quickly determine applicants' eligibility for coverage. It may also help to prevent a request from the Marketplace for additional information.
- FAQ 2. Why do I need to submit supporting documents?
- Answer: The Marketplace may request supporting documents to verify the information you provided on your application.
- FAQ 3. How do I convert my paper application to the electronic format if I have not yet submitted the paper application?
- Answer: If you have not yet submitted your paper application, you will need to follow a manual process to convert your paper application to an electronic format. You may create an online Marketplace account and complete identity proofing. Enter the information you have collected on the paper application in the fields provided on the Marketplace portal.
- FAQ 4. I want to change or remove an eligibility application that I previously started. How can I do this?
- Answer: Log into your Marketplace account to view any eligibility applications that you previously submitted or that are still in progress. To remove an application, select the **Remove** button listed under the application's ID number. To edit information on an application that is still in progress, select the application you would like to edit, and then select the **Continue Application** button.
- FAQ 5. How do I know when the Marketplace receives the documents I scanned and uploaded from home?
- Answer: You can log into your account and verify whether the Marketplace has received your documents.
- FAQ 6. If the document I am scanning has multiple pages, can I upload each page separately?
- Answer: Yes, you may upload pages separately.
- FAQ 7. Should I upload **and** mail my supporting documents?
- Answer: No. This will not expedite the process. Choose only one method to submit the information. Your documents will be processed more quickly if you upload them.



FAQ 8. How can I check on the status of the supporting documents I submitted to the Marketplace?

- Answer: If you would like to follow up with the Marketplace for a status update on the supporting documents you submitted via upload or mail, call the Marketplace Call Center. The Call Center will ask for some information to verify your identity, like your name, date of birth, and application ID number.

FAQ 9. Why do you need to know if I currently have health coverage?

- Answer: If you already have qualifying health coverage, like traditional coverage through a job (including an Individual Coverage Health Reimbursement Arrangement), Medicare, most Medicaid coverage, or the Children's Health Insurance Program (or CHIP) coverage, you will not be eligible to receive financial assistance to lower the cost of your Marketplace plan (although you may be eligible to purchase coverage through the Marketplace without financial assistance). If you have an offer of job-based coverage but it is not considered affordable for you or your dependents or it does not meet the minimum value standards, you might still be eligible to receive financial assistance to lower the cost of your Marketplace plan.

FAQ 10. Can I view the plans I might be able to purchase before I finish my application?

- Answer: Yes, on the HealthCare.gov homepage, select the **Keep or Update Your Plan** link, and then select the **See if you can change plans** link. After providing basic information including age, location, and the type of plan desired, you can view a list of plans and estimated premiums.

FAQ 11. Will I be able to view, compare, and select a Marketplace plan while the Marketplace verifies my application information?

- Answer: Yes, you will be able to view, compare, and select a Marketplace plan while the Marketplace verifies your application information. You will also find out what you may be eligible for while the Marketplace processes any supporting documents that may be needed from you, if any.

FAQ 12. I am a shareholder of an Alaska Native Claims Settlement Act Corporation or member of a federally recognized Indian Tribe. When can I apply for and enroll in health coverage through the Marketplace?

- Answer: Alaska Native Corporation shareholders and members of federally recognized Indian Tribes can apply for and enroll in Marketplace coverage at any time of year. There is no requirement to wait for Open Enrollment, and you can change plans as often as once per month. Visit [HealthCare.gov/american-indians-alaska-natives/coverage](https://www.healthcare.gov/american-indians-alaska-natives/coverage) for more information.



Appendix B: Support Resources

If consumers require assistance that is outside of assister activities, refer consumers to other organizations and resources as appropriate. Exhibit 12 provides a list of external resources.

Exhibit 12 – External Resources

Resource	Contact information	What does this resource do?	How should consumers use this resource?
Marketplace Call Center	1-800-318-2596 TTY: 1-855-889-4325 (most languages available)	The Marketplace Call Center provides assistance to most consumers who need information or want to enroll in health coverage through the Marketplace.	<ul style="list-style-type: none"> • To get answers to questions while applying for health coverage using the online or paper application. • To apply for health coverage over the phone.
HealthCare.gov	HealthCare.gov	This website allows consumers to access information about the Affordable Care Act (ACA) and to enroll in health coverage through a Marketplace.	<ul style="list-style-type: none"> • To find out about health coverage options available through a Marketplace. • To apply for health coverage online. • To get real-time answers to questions using the online chat function.
Internal Revenue Service (IRS)	IRS.gov	This federal agency collects taxes from individuals and businesses in the U.S.	<ul style="list-style-type: none"> • To learn more about the effects of the ACA on consumers' tax returns.
Medicaid	Medicaid.gov	This state-administered health insurance program is for low-income families and children, pregnant women, the elderly, people with disabilities, and in many states, other adults. The Federal Government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their program, so Medicaid varies state by state and may have a different name in your state.	<ul style="list-style-type: none"> • To find answers to questions about health coverage through Medicaid or CHIP. • To get further information about their state's Medicaid program and agency contact information.

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